

CLAIMS ONLY

SERIAL NO.

10/796298

FILING DATE

APPLICANT(S)

7/5/05

CLAIMS

7/5/05

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		1				
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	46					
TOTAL CLAIMS	49					

	7/5/05		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73	1					
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94	1					
95	1					
96	1					
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	46					
TOTAL CLAIMS	50					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
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121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136	1					
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.	1					
TOTAL DEP.	49					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162	1					
163						
164						
165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
186						
187						
188	1					
189						
190						
191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.	2					
TOTAL DEP.	48					
TOTAL CLAIMS	50					

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/796,298
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							2 51						
202							2 52						
203							2 53						
204							2 54						
205							2 55						
206							2 56						
207							2 57						
208							2 58						
209							2 59						
210							2 60						
211							2 61						
212							2 62						
213							2 63						
214							2 64						
215							2 65						
216							2 66						
217							2 67						
218							2 68						
219							2 69						
220							2 70						
221							2 71						
222							2 72						
223							2 73						
224							2 74						
225							2 75						
226							2 76						
227							2 77						
228							2 78						
229							2 79						
230							2 80						
231							2 81						
232							2 82						
233							2 83						
234							2 84						
235							2 85						
236							2 86						
237							2 87						
238							2 88						
239							2 89						
240							90						
241							2 91						
242							2 92						
243							2 93						
244							2 94						
245							2 95						
246							2 96						
247							2 97						
248							2 98						
249							2 99						
250							3 00						
TOTAL IND.	0						TOTAL IND.						
TOTAL DEP.	18						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						